

Sally and Sarah Care Limited

Sally and Sarah

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sally and Sarah is a domiciliary care agency. The service provides personal care to adults living in their own houses and flats in the community. At the time of our inspection 11 people were using the service.

People's experience of using this service and what we found

People and relatives were happy with the care and support provided. One relative said, "I selected them because they are a small and caring company. The benefit is that we see the same carers. Even when they are off, we have always managed, and they have never let us down."

People were supported by a regular team of staff. Staff were recruited safely. The registered manager ensured staff had the appropriate skills and experience to support people safely.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training. Individual and environmental risks were identified and mitigated against. Systems were in place to ensure people would continue to receive support in the event of an emergency. Medicines were managed safely. People's medicine support needs were assessed, enabling people to remain independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager constantly reflected on the care and support provided. Information was reviewed with lessons learnt cascaded to staff.

An effective quality assurance process to monitor the quality and safety of the service was in place. The provider had an ethos to ensure people received the best care possible. Staff told us they felt supported by the management team. People, relatives and staff were encouraged to offer feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sally and Sarah on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sally and Sarah

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2023 and ended on 12 July 2023. We visited the service on 3 July 2023 and spoke with people and relatives on 6 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We spoke with the operations manager and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 3 care staff about their experience of working at the service. We reviewed a range of documents relating to the safety and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. The provider's electronic system alerted staff if they went to leave the visit without completing all tasks. This meant staff were able to address any missed medication immediately.
- People and relatives told us they were happy with how their medicines were managed.
- Staff completed medicines training and regular checks were conducted to ensure staff remained competent.

Staffing and recruitment

- Staff were safely recruited. The provider ensured new staff were suitable to work independently in people's homes. This included obtaining references and conducting checks with the Disclosure and Barring Service (DBS).
- People were supported by a consistent staff team. The provider had a small, dedicated staff team. One person said, "We get the same [staff] and have a great rapport with all the carers. They put a rota on the calendar so we know who will be coming the next day."
- People received care and support from suitably skilled and experienced staff.

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified. Risk assessments were in place, these outlined how staff were to support people to remain safe.
- Visits were effectively monitored. The provider's electronic system sent an alert message to the registered manager if a visit was missed, or if staff were late. This allowed the management team to take immediate action to resolve the matter.
- Contingency plans were in place to ensure people received continued care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the service provided was safe. One person said, "I feel safe with the carers. I have been with them for 7 years and they [staff] have a routine. They talk to me which is good."
- Effective safeguarding procedures were in place. The provider had systems to record and investigate safeguarding concerns. Staff had completed safeguarding training.

Preventing and controlling infection

- Staff followed safe practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Staff had access to PPE.

Learning lessons when things go wrong.

- The management team had systems in place to learn when things went wrong. They constantly reflected on the performance of the service. The electronic system allowed the management team to assess live information and address any issues immediately, lessons learnt were cascaded to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an ethos to provide personalised care and support. One relative said, "My parents, while declining, have been able to be at home, living as independently as possible. You can put that down to the good quality of care provided by Sally and Sarah."
- The registered manager and staff worked with people to achieve positive outcomes. The registered manager told us how one person was experiencing 'Sundowning'. Sundowning can cause a variety of behaviours, such as confusion, anxiety, aggression or ignoring directions. The person's visits were adjusted to fit around the changes in daylight throughout the year to ensure the person's support needs were met. Relatives told us this helped reduced their family member's anxieties.
- The provider was open and transparent. With permission, relatives were able to access the provider's electronic system to see 'live' information about visits and the support given to their family member.
- The management team understood their responsibilities under the duty of candour and were open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff were clear about their roles and responsibilities and the management team led the service well. The registered manager had submitted the required statutory notifications to the CQC.
- The management team monitored the quality of care provided. Observational visits were conducted to monitor staff performance and ensure people received good, safe care and support. One person said, "The manager came last week. I am usually in touch by e-mail or by phone. I am very, very happy with them."
- The provider had a quality assurance system to review areas of the service and to drive improvement. The provider's electronic systems allowed the ability to monitor and address any inefficiencies immediately.
- Staff were respected, valued and supported by the management team. One staff member said, "I feel well supported by management as they are always there when needed in work and personal situations. Nothing is a problem."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People, relatives and staff were regularly asked for feedback about the service. This information was used to drive improvement.

- Staff had opportunities to discuss the service during their supervisions and team meetings. Staff told us the provider was responsive to their comments.
- The management team constantly reviewed the quality of the service. The registered manager told us they were examining the use of the DBS updating service to make further improvements to the level of recruitment.

Working in partnership with others.

- The registered manager and staff worked with health and social care professionals to ensure people had the correct equipment and support in place.